

Murfreesboro Historic Zoning Commission

Application for Certificate of Appropriateness

**City of Murfreesboro
Planning Department
P.O. Box 1139
111 West Vine Street
Murfreesboro, Tennessee 37130**

**Telephone: (615) 893-6441
Fax: 849-2606**

Owner _____ Date _____

Address _____ Phone No. _____

Location of Property (If different than above) _____

Current Use _____

Describe property/structure (e.g. architectural style, date of construction, history if known, condition of structure, etc.)

Is the property or structure listed on the National Register of Historic Places? _____

Proposed Action: _____ Alteration _____ Addition _____ Demolition _____ New Const.

_____ Exterior Repairs/Maintenance, No Appearance Changes

Description of the work to be performed on the property:
(If you need more space, please attach additional sheets to application)

Please provide photographs, scaled drawings of plans, elevations and sections and any other materials that will assist the Commission in making its decision.

Architect _____ Phone No. _____

Address _____

Contractor _____ Phone No. _____

Address _____

Is there an application relevant to this property and the subject of modifications or improvements pending or contemplated before the Board of Zoning Appeals, the Planning Commission or City Council?

If so, please specify: _____

Who will represent the owner before the Historic Commission? (Representative should have the authority to commit owner to make changes that may be suggested or required by the Historic Commission. Someone must be present at the meeting to answer questions.

Name: _____ Phone No. _____

Title or relationship to owner: _____

Address: _____

NOTE: There will be two (2) inspections prior to completion of the Certificate of Appropriateness, one near midway of the project and the other at completion of the project. Please allow up to two (2) working days notice for these inspections. You may call 893-6441 to schedule an inspection. Upon satisfactorily completing the project according to the application, the owner will receive a copy of the Certificate of Appropriateness in the mail.

Please complete these forms and submit them to the Planning and Engineering Department at least ten (10) working days before the regularly scheduled meeting of the Murfreesboro Historic Zoning Commission.

SIGNATURE OF OWNER: _____

SIGNATURE OF AGENT: (when applicable) _____

TO BE COMPLETED BY STAFF:

Application Received by _____ Date _____

Changes made during the Historic Zoning Commission meeting by the applicant, to the original application and accompanied with plans, drawings, photographs, and notes.

Signature of owner/agent _____ Date _____

_____ Application approved

_____ Application not approved

_____ Application approved with the following conditions: _____

Administratively approved by: _____

Date _____

INSPECTION DATES:

1.) Date Inspected _____ Approved _____ Failed _____

2.) Date Inspected _____ Approved _____ Failed _____